

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

3779

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. Barnes Hospital)

File No.....  
Registered No. 737  
St. 737 Ward

**2. FULL NAME**

Chas B. Kerney  
(a) Residence, No. 6275 Woffman St. ~~Ward 3~~ Ward 3  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Electa Kerney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4<sup>th</sup> 1870</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>2</u>
		<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>clerk</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Federal Reserve Bank</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

13. NAME Chas B. Kerney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Helene Hauwe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Helene M. Philibout  
(ADDRESS) 1123 Boland Blvd

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE Jan 21<sup>st</sup> 1933

19. UNDERTAKER Arthur J. Donnelly, Inc. Co  
(ADDRESS) 2037 Grand St

20. FILED: 20 Jan 21 1933 W. H. Stasko  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1933, to 1-19 1933

I last saw him alive on 1-19 1933 Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Emphysema  
Atherosclerosis  
33A  
134A  
93E  
Pulmonary tuberculosis  
ventral calculus

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? 4-10-33 Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....  
(Signed) M. Smith, M. D.

(Address) Barnes Hospital

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM PREPARED FOR BIRDS

